

Vonda M. Wallace
Paternal Specialist

11/13/31

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Paternal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	09/509687					
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2	1							52					
3	1							53					
4	1							54					
5	1							55					
6	1							56					
7	1							57					
8	1							58					
9	1							59					
10	1							60					
11	1							61					
12	1							62					
13	1							63					
14	1							64					
15	1							65					
16	1							66					
17	1							67					
18	1							68					
19	1							69					
20	1							70					
21	1							71					
22	1							72					
23	1							73					
24	1							74					
25	1							75					
26	1							76					
27	1							77					
28	1							78					
29	1							79					
30	1							80					
31	1							81					
32	1							82					
33	1							83					
34	1							84					
35	1							85					
36	1	1						86					
37	1	1						87					
38	1	1						88					
39	1	1						89					
40	1	1						90					
41	1	1						91					
42	1	1						92					
43	1	1						93					
44	1	1						94					
45	1	1						95					
46	1	1						96					
47	1	1						97					
48	1	1						98					
49	1	1						99					
50	1	1						100					
TOTAL IND.	2	2						TOTAL IND.					
TOTAL DEP.	7	7						TOTAL DEP.					
TOTAL CLAIMS	9	9						TOTAL CLAIMS					

PTO-1350 (8-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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